

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/24/2014
FORM APPROVED
OMB NO. 0938-0391

45th 9106114

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|---|--|--|---|----------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445473 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ | | (X3) DATE SURVEY COMPLETED 07/21/2014 |
| NAME OF PROVIDER OR SUPPLIER JEFFERSON COUNTY NURSING HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 914 INDUSTRIAL PARK RD DANDRIDGE, TN 37725 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| K 062 SS=D | <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.6</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to inspect and maintain the automatic sprinkler system. This finding includes:</p> <p>1. Observation and interview with the maintenance director on July 21, 2014 at 10:35 a.m., revealed 1 of 2 sprinkler heads in the medical records room were recessed too far in to the ceiling which did not provide the minimum 1" clearance between the deflector and ceiling. NFPA 13 5-6.4.1.1</p> <p>This finding was verified by the maintenance director and acknowledged by the facility administrator during the exit conference on July 21, 2014.</p> | K 062 | <p>One of the sprinkler heads located in the Medical Records Room of the Main Building will be remounted so as not to be recessed too far into the ceiling thus allowing the appropriate amount of clearance between the deflector and ceiling. One sprinkler head located in GreenHouse Building #3 with paint loading on the frangible bulb will be corrected.</p> <p>All sprinkler heads throughout the Main Building and Green House homes will be visually inspected by the Maintenance Department. Any sprinkler identified as being recessed too far or with paint located on it will be properly serviced or replaced.</p> <p>Sprinkler testing will continue to be conducted quarterly by the approved Sprinkler Contractor. Any sprinklers found out of compliance will be corrected. This finding will be addressed by the facility's Quality Assurance/Performance Improvement Committee. On-going compliance with this deficient practice will be monitored by the Maintenance Director and Administrator.</p> | 08/21/14 | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Rogan L. Hyatt Administrator 8/12/14

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/28/2014
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445473 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - 916 INDUSTRIAL PARK - GREENHOUSE BLDG 2 B. WING _____ | | (X3) DATE SURVEY COMPLETED 07/21/2014 |
| NAME OF PROVIDER OR SUPPLIER JEFFERSON COUNTY NURSING HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 914 INDUSTRIAL PARK RD DANDRIDGE, TN 37725 | | |
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| K9999 | FINAL OBSERVATIONS During the Life Safety portion of the survey conducted on July 21, 2014, no deficiencies were cited under 42 CFR Part 482.13, Requirements for Long Term Care. | K9999 | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Administrator

8/12/14

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445473 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - 918 INDUSTRIAL PARK - GREENHOUSE BLDG 3 B. WING _____ | | (X3) DATE SURVEY COMPLETED 07/21/2014 |
| NAME OF PROVIDER OR SUPPLIER JEFFERSON COUNTY NURSING HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 914 INDUSTRIAL PARK RD DANDRIDGE, TN 37725 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| K 062 SS=D | <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to inspect and maintain the automatic sprinkler system.</p> <p>The finding includes:</p> <p>Observation and interview with the maintenance director on July 21, 2014 at 2:14 p.m., revealed 1 of 20 observed sprinkler heads with paint loading on the frangible bulb. NFPA 25 2-2.1.1*</p> <p>The finding was verified by the maintenance director and acknowledged by the facility administrator during the exit conference on July 21, 2014.</p> | K 062 | <p>One sprinkler head located in Greenhouse Building 3 with paint loading on the frangible bulb will be corrected.</p> <p>All sprinkler heads throughout the Main Building and Green House homes will be visually inspected by the Maintenance Department. Any sprinkler identified as being recessed too far or with paint located on it will be properly serviced or replaced.</p> <p>Sprinkler testing will continue to be conducted quarterly by the approved Sprinkler Contractor. Any sprinklers found out of compliance will be corrected. This finding will be addressed by the facility's Quality Assurance/Performance Improvement Committee. On-going compliance with this deficient practice will be monitored by the Maintenance Director and Administrator.</p> | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Roger L. Myrland

Administrator

8/12/14

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
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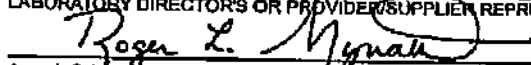
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445473 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 04 - 920 INDUSTRIAL PARK - GREENHOUSE BLDG 4 B. WING _____ | | (X3) DATE SURVEY COMPLETED 07/21/2014 |
| NAME OF PROVIDER OR SUPPLIER JEFFERSON COUNTY NURSING HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 914 INDUSTRIAL PARK RD DANDRIDGE, TN 37725 | | |
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| K9999 | FINAL OBSERVATIONS During the Life Safety portion of the survey conducted on July 21, 2014, no deficiencies were cited under 42 CFR Part 482.13, Requirements for Long Term Care. | K9999 | | | |

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Administrator

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